

and also can translate themselves into physical symptoms ("conversion hysteria"), is immaterial for our present purpose.

We know that in a sick person an injudicious communication or any circumstance producing a painful emotional state may bring into consciousness a train of ideas which can unfavorably influence the progress of the case. Also we are aware that violent emotions as rage and fear may cause a sudden paralysis of a damaged heart; a rise of blood pressure which may produce a fatal apoplexy in an arteriosclerotic; inhibition of gastrointestinal secretions; increased peristalsis, which may manifest itself as diarrhea; involuntary discharge of urine and feces; and exceptionally an intestinal spasm which may be severe enough to suggest an organic obstruction which must be attacked surgically. It is also conceivable that chronic and recurrent emotional disturbances may set up vicious circles which in time result in actual organic change.

Therefore the physician should not only study the physical constitution of his patient, but should attempt also some estimate of his probable emotional reactivity.

To this end a knowledge of his past activities, his family, social and business relationships, may well contribute in deciding not only whether he has sufficient intelligence and good will to cooperate, but also in estimating how he can best be managed, what should be avoided, etc.

The proper control of the emotions cannot but improve the prognosis.

This is to be attempted not only through dietetic, hygienic, physical and medicinal measures, but also by tactful avoidance, kindly reassurance, and throughout everything an atmosphere of favorable suggestion.

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Obstetrics

HHeart Disease in Pregnancy—Heart disease is and always has been a serious malady; taking many lives and crippling others. In the United States statistics indicate an increase in mortality rate in cardiac diseases. It may almost be said that in late years the general public has developed a cardiophobia. It is therefore pleasing to find in Doctor Cabot's book, "Facts on the Heart," the following statement: "The first, and in some ways the most important point of all is to know most 'heart disease' is imaginary."

In contrast to this statement is the quotation from "The Beloved Physician" by Wilson, a book which gives the life history of Dr. James Mackenzie, the great heart specialist of London: "The girl was dead. She died of sudden heart failure. Her child remained unborn in her womb. James Mackenzie, as he turned to break the news of her death to her husband, tasted the bitterest anguish which any doctor can experience."

"One hour later in his consulting room, as he paced the floor in the deep silence of the small hours, the full horror of this calamity was

revealed to him. The question sprang to his lips, would this death have occurred if I had a better knowledge of heart afflictions?" It was thus Mackenzie became a heart specialist.

As obstetricians, we cannot all become heart specialists, but we should ever be ready to recognize danger signals. A. Leyland Robinson, M. D., London, in the *Lancet* of January 22, 1927, suggests the following treatment for cardiac complications of pregnancy:

"(a) *Without Heart Failure*—After full investigation of the heart and full allowance for the various cardiac loads, the pregnancy may be permitted to continue so long as the cardiologist estimates the reserve as satisfactory.

"(b) *With Heart Failure*—Unfortunately, a patient may become pregnant when her heart is imperfectly compensated, or she may develop heart failure before seeking advice, or even when under treatment. Under these circumstances, the obstetrician is often advised to terminate the pregnancy forthwith.

"On the contrary, every effort must be made to restore the compensation of the heart before the termination of the pregnancy is decided upon.

"(c) *Control of Repeated Pregnancies*—Although it may be fairly advanced that the first pregnancy and labor produce the maximum muscular strain, and that subsequent labors are frequently short and easy, yet repeated pregnancies should be forbidden to all patients who have any heart lesion. In any event, adequate spacing of the children is essential in order that the heart may be given ample time to recover from the strain of one pregnancy before being exposed to the effects of another.

"(d) *Mode of Delivery*—If the cardiac reserve is sufficient to enable the patient to play games and lead an active life when not pregnant—i. e., almost perfect—normal delivery at full term may be safely allowed; at the same time, the induction of premature labor and the use of forceps are always useful procedures, as they mean less work for the expelling muscles and, consequently, less strain on the heart. For cases in which the cardiac reserve is seriously reduced cesarean section is probably the least risky mode of delivery. This operation has many advantages."

In our own practice we aim to follow a program similar to the above, and we believe the obstetrician should also have, associated in some cases, a skilled cardiologist.

Recently a multipara came under our observation—eight months pregnant, mitral lesion, pulse 100 to 140, B. P. 135.80, dyspnea, orthopnea, slight edema of ankles, some passive congestion of lungs with cough. Under treatment with close observation, rest in bed, ice bag to heart and digafolin, the heart showed some compensation. Patient went into labor after a four weeks treatment. Ethylene was given and forceps applied. After a short labor, and with treatment continued, the patient went home in two weeks, with greater compensation. The first thought was cesarian section, but with the patient under observation,

she was permitted to continue her pregnancy. Evidently, her cardiac reserve was increased.

In the out-patient obstetrical department of the College of Medical Evangelists, we often come in contact with organic heart lesions. We have found that nearly every woman with such lesions can carry through pregnancy successfully; but should have good prenatal care, and this may include hospitalization under close observation.

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Dermatology

Treatment of Chronic Urticaria—One of the most trying and vexatious therapeutic problems that may come up before a clinician is the clinical control of chronic urticaria.

This condition, common and simple as it may seem, frequently proves to be extremely distressing due to its chronicity, persistence and acute suffering during the attacks. The crucial point of the problem is that urticaria, etiologically considered, is not a definite entity, but merely a symptom which may be produced by a great variety of endogenic and ectogenic factors, not uncommonly defying the most skillful and intensive efforts of detection.

The initial glowing hopes that the problem of urticaria will be solved in the realm of protein sensitization through anaphylactic skin tests failed to materialize. Subsequent laboratory studies showed that not more than 66 per cent of all urticarias give positive anaphylactic tests. On the other hand clinical observations have revealed that in many cases in which the suspected offending proteids were eliminated from the food, the results were negative. It was pointed out and demonstrated by Duke that urticaria may be induced not only by physical agents such as heat and cold, but also by psychic and emotional factors. These observations have rendered the therapeutic control of urticaria still more difficult and uncertain.

In view of these facts, a new therapeutic agent, alleged to be capable of giving a lasting relief in chronic urticaria, should be acclaimed a godsend and a boon, both to the suffering patient and the harassed clinician.

Such new agent, ephedrin sulphate, has been introduced by Beatrice Kestien¹ of the Dermatology Clinic of Columbia University.

Ephedrin is an active principle of the Chinese drug *ephedra vulgaris*. Its pharmacologic action is similar to that of epinephrin. It has a stimulating action on the peripheral vasoconstrictors and is a cardiac accelerant. *It differs from epinephrin in being effective, whether administered hypodermically or orally, in producing a more sustained effect and in its low toxicity.*

Ephedrin has been used as an astringent for mucous membranes, to stimulate circulation and elevate the blood pressure in Addison's disease, and in other forms of chronic hypotension.

It is well known that urticarial wheals disappear temporarily after a hypodermic injection of epinephrin. This fact suggested that a longer remission might be obtained by the slower and more sustained action of ephedrin administered orally.

The oral dose of ephedrin sulphate varies from 50 to 125 mgms. in capsules 25 mgms. each or in 3 per cent solution every two to six hours. Harmful results due to ephedrin were not observed.

Ephedrin sulphate was administered orally to seventeen patients suffering with chronic urticaria and angioneurotic edema with complete relief in nine and improvement in four cases.

In spite of the small number of cases reported the results are so striking and promising that the report by Doctor Kestien can be considered a distinct contribution to the solution of the urticarial problem.

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United States Public Health Service—Smoke Studies—Smoke in the atmosphere, especially when combined with mist to produce fog, brings about a very great lowering of the daylight. At the present time a great loss of light results in large cities from the effect of smoke. A study of the decrease of light by smoke, now being made by the United States Public Health Service in New York City, at the lower end of Manhattan Island where the air is very smoky, showed an average loss of daylight due to smoke in January of 1927, on sunny days, of 42 per cent at 8 o'clock in the morning, and of 18 per cent at noon. These amounts of loss of daylight decreased, as the year advanced, to 33 per cent at 8 a. m., and 6 per cent at noon, in June. These figures are for clear sunny days; for foggy days the loss is much greater. The loss of light due to smoke in the atmosphere is greatest early in the morning or late in the afternoon, and least at noon. As would be expected, the loss of light is greater in the winter than in the summer. The figures given show the great importance of getting rid of smoke in our great cities. Loss of daylight or the light rays is not the only evil resulting from the presence of smoke in the atmosphere; smoke also cuts out to a much greater extent the ultra-violet rays which are so necessary for good health.

Mushroom Poisoning Yields to Serum Treatment—Chicago—Gustatory connoisseurs addicted to the consumption of the toothsome mushroom have reason to feel a little more secure in their enjoyment of their favorite steak accompaniment.

What appears to be a successful serum for mushroom poisoning has been developed by Dr. Dujarric de la Riviere, professor at the Pasteur Institute in Paris, according to a report just made to the American Medical Association by its French correspondent.

The French doctor prepared his serum by inoculating a horse with increasing doses of four highly toxic mushrooms and then used it to treat laboratory animals, obtaining highly successful results.

When called to the assistance of a family in which three people had been poisoned at the same time, it happened that he was able to secure only two ampoules of the serum from the Pasteur Institute. These he administered to the two patients who appeared to be most seriously stricken, with the result that the two who received the serum injections recovered while the one who did not, died.

When a report of his research was presented to the Congress of Hygiene, that body passed a resolution recommending that supplies of the new serum be kept in hospitals and so far as possible in the town halls of villages for the accommodation of physicians.—*Bull. Wayne Co. Med. Soc.*

1. B. Kestien: Arch. Dermat. & Syph., August, 1927, p. 189.